					II S Dylan	d and	Approve i Trademark	d for use thro Office: U.S. 1	ugh 10/ DEPAR	PTO/S 31/2002. ON TMENT OF	B/06 (08-00) B 0651-0032 COMMERCE	
PTO/SB/06 (08-00 Approved for use through 10/31/2002. OMB 0651-003 U. S. Putest and Trademark Office; U.S. DEPARTMENT OF COMMERC Under the Paperwork Reduction Act of 1995, no persons are required to rescond to a collection of information unless it displays a valid OMB control number Application or Docket Number												
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								707	<u> </u>	OTHER T	HAN	
CLAIMS AS FILED - PART I (Cotumn I) (Cotumn 2)							SMALL E	NTTTY	OR.	SMALL E	NTTTY	
FOR			NUMBER FILED		NUMBER EXTRA		RATE	FEE		RATE	FEE	
					OZZO HISKWI HISKWI HIL					SAGARA ET (SA)		
	SIC FEE CFR 1.16600		me si makil					\$	OR		s	
(37	AL CLAIM\$ CFR 1.16(e))		minus 20 =		•		x \$=		OR	x \$=		
	EPENDENT CLA	IMS	min	ıs 3 – *	*				OR	×=		
MU	LTIPLE DEPEN	DENT CLAIM PRE	CLAIM PRESENT (37 CFR 1.14(d))				+=		OR	+=		
* If the difference in column 1 is less then zero, enter "O" in column 2							TOTAL		ÓR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							\$MALL E	NTITY	OR	OTHER T		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	addi- tional fee		RATE	addi- Tional Fee	
	Total (37 CFR 1.16(e))	• 20	Minus	**	= 0		x \$=		OR	x \$		
	(ndependent (37 CFR 1.16(b))	* 4	Minus	*** 3	= /	11	x	42	OR OR	x=		
<	PIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.14(d))						+=	7	OR	+=		
	(Column 1) (Column 2) (Column 3)				(Column 3)	- L	TOTAL DIT. FEE	42	OR	TOTAL DDIT, FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	=	11	x \$=		OR	x \$=		
	Independent	•	Minus	***	=	11	x=		OR OR	x=		
		ENTATION OF M	ULTIPLE DEP	ENDENT CLAIM	(37 CFR 1.16(d))		+		OR	+=		
							TOTAL		OR	TOTAL		
-	lassage constituti	(Column 1)	a was see the	(Column 2)	(Column 3)	7 A	DDIT, FEE		, A 1	DDIT. FEB		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.34(d))	*	Minus	**	-		x \$=		OR	x S=		
	Independent Ø7 CPR 1.16(b))	*	Minus	***	=		×=		OR OR	×=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (2) CFR :. 16(4)						+=		OR	+		
• 11	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								OR	TOTAL		
*** [1	** If the 'Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the 'Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". The "Highest Number Previously Paid For" IN THIS SPACE is the set than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											